

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. PM</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>Marced del Pueblo Abiquiu c/o David Archuleta P.O. Box 179 Abiquiu, NM 87510</p> | | <p>B. Received by: (Printed Name) <i>[Signature]</i> C. Date of Delivery AUG 30 2016</p> | |
| <p>2. Article Number (Transfer from se) 7004 0750 0003 8818 0984</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | | <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p> | |
| <p>PS Form 3811, February 2004</p> | | <p>Domestic Return Receipt 102595-02-M-1540</p> | |

Exhibit 2